		CLAIMS A	·		•			SMALL			OTHE	R THAN
TOTAL C	2 MIA I		(Coturn	<u> </u>	(Colu	<u>ımı 2)</u>	7	TYPE		OR		ENTITY
TOTAL CLAIMS			<del></del>		· · ·		‡	RATE	FEE	4	RATE	FEE
FOR			· NUMBER FILED		NUME	BER EXTRA	1	BASIC FE	₹ 385.00	OA	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			rminus 20≈		•	•	1	X\$ 9=	1	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•			X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT						]		1				
* If the difference in column 1 is less than zero, enter *0* in column 2								+145=	<del> </del>	OR	<u> </u>	<b> </b>
		_AIMS AS A						TOTAL		JOR		
		(Column 1)	- INCIPE	(Colum		(Column 3)	<b>)</b> .	SMALL	ENTITY	OR	OTHER SMALL	
A		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	] [	04	ADDI-	1		ADDI-
Total		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL		RATE	TIONAL FEE
A SECTION AND DESCRIPTION OF REAL PROPERTY.		1.8	Minus	<u>"</u> 2	0		Ŀ	X\$ 9=			Y\$18-	(Severywalk
Indepe		3.	Minus	4		<u> </u>	1 1	X43=		OR	X86=	
FIRST	PRESER	ITATION OF M	ULTIPLE DE	PENDENT	CLAIM		<b>」</b>	+145=		OR	+290≖	
				•			L	TOTAL		1	TOTAL	
11-14	-05	(Column 1)		(Colum	in 2)	(Column 3)		NOOIT. FEE	<b></b>	Jon ,	ADDIT. FEE	
œ l		CLAIMS REMAINING		HIGHE	ST	PRESENT	1 1		ADDI-	1		ADDI-
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B		.16	Minus	<b>-</b> 2	0	۹	1 1	X\$ 9=		OR	X\$18=	1.5-
ind per		2	Minus	(	<del>1</del>	•	1	X43=	<del></del>		X86=	
	PRESEN	TATION OF MU	JUTIPLE DE	PENDENT (	MIAJO		1 F		<u> </u>	OR		
FIRST							L	+145=		OR	+290=	
FIRST			• •							OR ,	DOTT. FEEL	
FIRST			• •					DDIT. FEE			•	
PHST	<del></del>	(Column 1) CLAIMS		(Column	ST ·	(Column 3)		OUIT. FEE I	4001	•		
PHS	·	CLAIMS REMAINING AFTER		HIGHE NUMBS PREVIOL	ST ER ISLY	(Column 3) PRESENT EXTRA			ADDI- TIONAL		RATE	ADDI- TIONAL
PHST		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHE NUMBE PREVIOL PAID FO	ST ER ISLY	PRESENT EXTRA		RATE				
PHST		CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGHE MUMBS PREVIOL PAID FO	ST ER ISLY	PRESENT			TIONAL	OR	PATE X\$18=	TIONAL
Total Indeper	dent •	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHE NUMBE PREVIOL PAID FO	SY ER SSLY DR	PRESENT EXTRA		RATE	TIONAL			TIONAL
Total Independent FIRST (	dent •	CLAIMS REMAINING AFTER AMENDMENT	Minus ALTIPLE DEI	HIGHE HUMBS PREVIOL PAID FO	SY ER ESLY OR	PRESENT EXTRA		RATE X\$ 9=	TIONAL	OR	X\$18=	TIONAL

Application or Docket Number